



Human Relations Commission

3900 Main St., 7th Floor, Riverside, CA 92522, (951) 826-5551 FAX (951) 826-2543

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COMPLAINT OF DISCRIMINATION FORM

NOTICE: Under the California Public Records Act and other disclosure statutes, the information contained in this complaint form may become a matter of public record and therefore may not be kept confidential.

Date: _____

Name: _____

Address: _____ Zip _____

Telephone :(Home) _____ (Work) _____

1. Name the person(s) and/or organization(s) that you feel discriminated against you:

Name: _____

Position (if known): _____

Organization: _____

Address: _____ Zip _____

Telephone: _____

2. I was discriminated against in: ☐ Employment ☐ Housing ☐ Access ☐ Other (If other, please specify) _____

3. I believe I was discriminated against because of my (check all that apply):

☐ Race ☐ Religion

☐ National Origin ☐ Age

☐ Mental/Physical Impairment ☐ Sexual Orientation

☐ Marital Status ☐ Gender

☐ Family Status ☐ Ancestry

☐ Other (please specify) _____

4. The first step of this process will be an initial contact by the Community Relations Coordinator. The purpose of this contact is to confirm the preliminary information received. At this time, a first attempt is made to amicably resolve possible “misunderstandings” by a simple phone call. Often disputes are resolved at this point. If this is unsuccessful, we offer a formal voluntary dispute resolution opportunity called mediation. Mediation is conflict resolution assisted by a neutral third party achieved through active listening, understanding, exploration of options and compromise. If you decide that this arrangement is insufficient, or mediation failed to produce a satisfactory agreement, the case is referred to the appropriate enforcing agency.

Are you willing to attempt to resolve this case through mediation? ☐ Yes ☐ No

5. Explain in detail how you feel you were discriminated against. Include all dates relevant to the alleged discrimination that took place. Please include additional copies of documents that you believe will support your charge.

6. Have you filed this complaint with any other agency? ☐ Yes ☐ No

If yes, with what agency did you file the complaint? _____

What was the date you filed the complaint? _____

7. Have you ever filed a complaint with this office before? ☐ Yes ☐ No

8. I swear or affirm that I have read this claim and that it is true, to the best of my knowledge, information and/or belief. I understand that the person/organization I am complaining against will be notified of this claim.

Complainant signature _____ Date _____

Authorization to Release Information

I, _____ authorize the City of Riverside, Human Relations Commission, to release all relevant information that it may possess regarding my complaint of discrimination to:

- ☐ Community Police Review Commission
- ☐ Department of Fair Housing and Employment and Housing (DFEH)
- ☐ Riverside County Dispute Resolution Center
- ☐ Other agency responsible for resolving my complaint

Signature Date

Voluntary Statistical Information:

a. What is your race?

- ☐ African American ☐ Hispanic
- ☐ Caucasian ☐ Asian/Pacific Islander
- ☐ Native American
- ☐ Other _____

b. What is your gender? ☐ Male ☐ Female

c. What is your age? _____